

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: OTTAWA HOSPITAL RESEARCH INSTITUTEApplication No./Patent No.: 10/524,250 Filed/Issue Date: October 6, 2005Titled: BIO-SYNTHETIC MATRIX AND USES THEREOF

Ottawa Hospital Research Institute, a Corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest in;
 2. ☐ an assignee of less than the entire right, title, and interest in
 (The extent (by percentage) of its ownership interest is _____ %); or
 3. ☐ an assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)
- the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016628, Frame 0142, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet(s).

- ☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

[Signature]
 Signature

JULY 15 2009
 Date

ROBERT HANLON
 Printed or Typed Name

Authorized Signer for Assignee
 Title

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: _____

Signature: _____ (James H. Velema)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number		10/524,250-Conf. #4662	
	Filing Date		October 6, 2005	
	First Named Inventor		May GRIFFITH	
	Title	BIO-SYNTHETIC MATRIX AND USES THEREOF		
	Art Unit	1618		
	Examiner Name	E. E. Silverman		
	Attorney Docket No.	OHR5-001US		

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

00959

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:

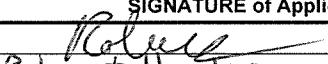
OR

<input type="checkbox"/> Firm or Individual Name	James H. Velema LAHIVE & COCKFIELD, LLP
Address	One Post Office Square
City	Boston
State	MA
Zip	02109-2127
Country	US
Telephone	(617) 227-7400
Email	lc@lahive.com

I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the joint interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	July 6, 2009
Name	Robert Hanton, C.O.O.	Telephone	617-734-6815
Title and Company	OTTAWA HOSPITAL RESEARCH INSTITUTE, CHIEF OPERATING OFFICER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

For Ministry Use Only
À l'usage exclusif du ministère

Ontario Corporation Number
Numéro de la société en Ontario

1



Ministère des
Services gouvernementaux

These Supplementary Letters Patent
amend the corporation's Letters
Patent or prior Supplementary Letters
Patent, as the case may be, dated this

Les présentes lettres patentes supplémentaires
modifient les lettres patentes de la société ou
toutes autres lettres patentes supplémentaires
précédentes, selon le cas, daté le

MARCH 19 MARS, 2009

Minister of
Government Services

Le ministre des Services
gouvernementaux

per/par

K. [Signature]
Director / Directrice

1440560

Form 3
Corporations
Act

Formule 3
Loi sur les
personnes
morales

APPLICATION FOR SUPPLEMENTARY LETTERS PATENT
REQUÊTE EN VUE D'OBTENIR DES LETTRES PATENTES SUPPLÉMENTAIRES

1. Name of the applicant corporation: (Set out in BLOCK CAPITAL LETTERS)
Dénomination sociale de la personne morale : (écrire en LETTRES MAJUSCULES SEULEMENT)

T	H	E		O	T	T	A		H	E	A	L	T	H		R	E	S	E	A	R	C	H		I	N	S		
T	I	T	U	T	E	/	L	'	I	N	S	T	I	T	U	T		D	E		R	E	C	H	E	R	C	H	E
E	N																												

2. The name of the corporation is changed to (if applicable): (Set out in BLOCK CAPITAL LETTERS)
La dénomination sociale de la personne morale devient (le cas échéant) : (écrire en LETTRES MAJUSCULES SEULEMENT)

O	T	T	A		H	O	S	P	I	T	A		R	E	S	E	A	R	C	H		I	N	S	T	I		
T	U	T	E	/	I	N	S	T	I	T	U	T		D	E		R	E	C	H	E	R	C	H	E		D	E
L	'	H	O	P	I	T	A		L																			

3. Date of incorporation/amalgamation: 2000 12 05
Date de la constitution ou de la fusion Year/Année Month/Mois Day/Jour

4. The resolution authorizing this application was confirmed by
the shareholders/members of the corporation on:
La résolution autorisant la présente requête a été ratifiée
par les actionnaires ou membres de la personne morale le : 2009 02 26
Year/Année Month/Mois Day/Jour

under section 34 or 131 of the Corporations Act.
aux termes de l'article 34 ou 131 de la Loi sur les personnes morales.

5. The corporation applies for the issue of supplementary letters patent to provide as follows:
La personne morale demande la délivrance de lettres patentes supplémentaires qui prévoient ce qui
suit :

BE IT RESOLVED THAT THE CORPORATION IS
AUTHORIZED TO APPLY FOR SUPPLEMENTARY

LETTERS PATENT TO CHANGE THE NAME OF
THE CORPORATION FROM :

THE OTTAWA HEALTH RESEARCH INSTITUTE /
L'INSTITUT DE RECHERCHE EN SANTE D'OTTAWA

TO :

OTTAWA HOSPITAL RESEARCH INSTITUTE /
INSTITUT DE RECHERCHE DE L'HOPITAL D'OTTAWA .

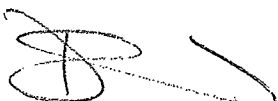
THE CORPORATION IS NOT INSOLVENT WITHIN THE
MEANING OF SUBSECTION 19(4) OF ONTARIO
REGULATION 181.

This application is executed in duplicate
La présente requête est faite en double exemplaire.

THE OTTAWA HEALTH RESEARCH INSTITUTE / L'INSTITUT
DE RECHERCHE EN SANTE D'OTTAWA

Current Name of Corporation
Dénomination sociale actuelle de la personne morale

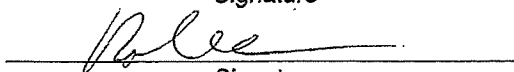
By
Par :



Signature
Signature

CHIEF EXECUTIVE OFFICER
AND SCIENTIFIC DIRECTOR

Description of Office
Fonction



Signature
Signature

CHIEF OPERATING OFFICER

Description of Office
Fonction